OP.97.864

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 4. Manifest Tracking Number UNIFORM HAZARDOUS CAC002182018 **WASTE MANIFEST** 19001424-9300 5. Generator's Name and Mailing Address Generator's Site Address (if different than mailing address) Friends of Riversice Arport 8175 Umonite Ave., Ste. 200 7020 Crest Ave Riverside : CA 92500 Riverside, CA 92503 Generator's Phone: 5. Transporter 1 Company Name U.S. EPA ID Number U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number Chemical Wests Management 35251 Old Skytine Road Pacility's Phone: (200) 222-2964 | Settlement City, CA, 93-20 CATOOOS4311 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) HM No. Type Quantity WL/Vol. RC. Bericomentally Hezardous Substances, Solid GENERATOR N.O.S., UN3077, Class 9, III 0.0 1 D T >0018 ¥ 14. Special Handling Instructions and Additional Information Profile # CA574183 (PC8>50 FPM) GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged. marked and labeled/placerded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. Locality that the waste minimization statement identified in 48 CFR 262.27(a) (if Lam a large quentity generator) or (b) (if Lam a small quantity generator) is true. Generator/s/Offeror's Printed/Typed Name Signature Month Day Year 09 16. international Shipments import to U.S. LExport from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: 17. Transporter Acknowledgment of Receipt of Materials TRANSPORTER Transporter & Printed/Typed Name Signature Year Transporter 2 Printed/Typed Name 18. Discrepancy 18a. Discrepancy Indication Space Type ___ Quantity ...] Residue Partial Rejection __] Full Rejection Manifest Reference Number: 18b. Allemate Facility (or Generator) DESIGNATED FACILITY U.S. EPAID Number Facility's Phone: 18c. Signature of Atternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest-except as noted in Item 18a Printed/Typed Name Signature EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. DESIGNATED FACILITY TO GENERATOR